

N. B.—In case of more than one child at a birth, a SEPARATE card, URN must be made for each, and the number or order of birth stated.

PLACE OF BIRTH SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

1. County of \_\_\_\_\_

District of \_\_\_\_\_

Town of \_\_\_\_\_

or

City of Miami

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 156<sup>a</sup>

County Registrar No. 325

Local Registrar No. \_\_\_\_\_

No. 372 St. Dubin Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Roberto Gutierrez { If child is not yet named, make supplemental report, as directed.

3. Sex of Child M To be answered ONLY In event of plural births. 4. Twin, single or other 6. Legitimate? Yes 7. Date of birth 6-16-27  
Month Day Year

8. FATHER  
Full name Santiago Gutierrez

14. MOTHER  
Full maiden name Tranescia Valencia

9. Residence (Usual place of abode)  
If non-resident, give place and state. Miami

15. Residence (Usual place of abode)  
If non-resident, give place and state. Miami

10. Color or race Mex

16. Color or race Mex

11. Age at last birthday 56 (Years)

17. Age at last birthday 37 (Years)

12. Birthplace (city or place) Mex  
(State or country)

18. Birthplace (city or place) Arizona  
(State or country)

13. Occupation  
Nature of industry Mill man

19. Occupation  
Nature of industry W. W.

20. Number of children of this mother  
(Taken as of time of birth of child herein certified and including this child.)

21. Were precautions taken against ophthalmia neonatorum?  
Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 9 P.M. on the date above stated  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. E. Jordan (Physician or midwife).

Address Miami

Given name added from a supplemental report.

Month, day, year  
979-616-651

Filed Aug 11, 27 L. E. Jordan

Local Registrar.

Filed \_\_\_\_\_, 19\_\_\_\_

County Registrar.